



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Albert M. David

Serial No.:

10/603,518

GAU: 2677

Filed:

June 25, 2003

Examiner: Michael PERVAN

For:

LAMINATED TOUCH SCREEN

PETITION FOR EXTENSION OF TIME

Mail Stop Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

It is respectfully requested that the above-identified Applicant be granted an extension of time for the period of two (2) months from April 24, 2006 to June 26, 2006, in the above-identified application to respond to the outstanding Office Action.

Enclosed please find a check in the amount of \$225.00 for the extension fee. Any deficiency or overpayment should be charged or credited to Deposit Account No. 08-1650.

06/30/2006 EAREGAY1 00000027 10603518

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225.00 OP

ne 26, 2006

Respectfully submitted,

Albert M. DAVID

Date

Michael O. Sturm Reg. No. 26,078

STURM & FIX LLP

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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks,

Washington, D.C. 20231, on 06-26-06

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicant:		Albert N	1. David		PE									
Serial No.		Albert M. David 10/603,518							Group Art Unit 2677					
Filed:		June 25, 2003 JUN 2 9 2006						Examiner: Michael PERVAN						
For:		LAMIN	AMINATED TOUCH SORGEN											
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2.	Applicant	is					deposited with the United States Postal Service as							
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	No additional fee for claims is required.													
	The fee fo	or claims (37 CFR I	.16(b)-(d) has bee	en calculate	d as shown belo	w:							
G	COL. 1 COL. 2						COL. 3						OTHER THAN A SMALL ENTITY	
		_		Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra		Rate	Addit Fee	OR	Rate	Addit Fee	
	Total			37*	Minus	35**	2	x	\$ 25	\$50		\$18	\$0	
	Independent			6*	Minus	4***	2	x	\$100	\$200		\$86	\$0	
,	☐ First presentation of Multiple Dep. Claim							x	\$180	\$0		\$270	\$0	
									TOTAL	\$250	OR	TOTAL	\$0	
ŧ	* If the entry in Col. 1 is less than entry in Col. 2, write "O" in Col. 3. ** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20". *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.													
	Charge Account No. 08-1650 the sum of \$ A duplicate of this transmittal is attached.													
	A check in the amount of \$ 250 is enclosed.													
	The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit a overpayment to Deposit Account No. 08-1650.												ny	
	Any filing fees under 37 CFR 1.16 for the presentation of extra claims. Any patent application processing fees under 37 CFR 1.17.													
	Michael O. Sturm													
Reg. No. 26,078														
	STURM FIX LLP 206 Sixth Avenue, Suite 1213 Des Moines, IA 50309-4076 Telephone: 515-288-9589							June 26, 2006 Date						
	Fax:	: 515-288	5-5311											